

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Medicare Plan Payment Group
Enterprise Systems Solutions Group

DATE: December 1, 2015

TO: All Medicare Advantage, Prescription Drug Plan, Cost, PACE, and Demonstration Organizations Systems Staff

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SUBJECT: Announcement of the February 2016 Software Release

The Centers for Medicare and Medicaid Services (CMS) continues to implement software improvements to the enrollment and payment systems that support Medicare Advantage and Prescription Drug (MAPD) programs. This letter provides detailed information regarding the planned release of systems changes scheduled for February 2016. This release focuses on improving the efficiency of CMS systems as well as Plan processing.

The February 2016 Release changes are as follows and may require Plan action:

1. [Medicare Advantage Prescription Drug System \(MARx\) Agent Broker Compensation Report](#)
2. [Eligibility for Enrollment and Involuntary Disenrollment Due to Not Lawful Presence Status](#)
3. [Medicare Savings Account \(MSA\) Deposit Amounts on the Monthly Membership Report \(MMR\)](#)
4. [Adding the Common Working File \(CWF\) Occurrence Number to the Medicare Secondary Payer \(MSP\) File](#)
5. [Late Enrollment Penalty Report \(LEPR\) Enhancements](#)

1. Medicare Advantage Prescription Drug System (MARx) Agent Broker Compensation Report

This section provides advance notice to Medicare Advantage, Prescription Drug Plan Sponsors, Section 1876 Cost Plans, and Medicare-Medicaid Plans regarding the planned release of MARx Agent Broker Compensation system/report changes scheduled for February 2016. The release/changes focus on clarifying when Plans should compensate Agents/Brokers. These changes will be effective with the report that is generated on March 5, 2016.

The February 2016 MARx Agent Broker Compensation Report changes will include the following:

1. Add a new data element “DOB” (Date of Birth)
2. Add a new data element “Beneficiary Gender”
3. Add a new data element “Beneficiary Enrollment Application Date”
4. Delete data element “Cycle-year as of Enrollment Effective Start Date” and add “Compensation Type (I/R) as of Enrollment Effective Date”
5. Change “-1” to only represent prospective enrollments (no longer representing retrospective enrollments)
6. Add a new data element “Compensation Payment Year”
7. Add a new data element “Correction Indicator”
8. Add a trailer record that provides a count of the beneficiary records that are contained in the Brokers’ Compensation file

CMS is making these changes to help Plans to better crosswalk members to enrollment data and to better identify what type of compensation (Initial or Renewal) they should pay to agents/brokers. Specifically, changes one (1), two (2), and three (3) will help Plans crosswalk members when there is a change, such as to a name. Change four (4) will clarify whether the compensation is Initial (I) or Renewal (R). Change five (5) will simplify the report to only represent prospective enrollments. Change six (6) will clarify what compensation payment year is associated with the enrollment effective date. Change seven (7) will provide information regarding what change occurred to a previous enrollment, such as a retroactive enrollment or an update to an enrollment effective date, change in Initial vs. Renewal, or prior plan type change. Change eight (8) will help Plans ensure that they have received a full/complete Brokers’ Compensation File.

The updated data file layout is attached along with scenarios to outline how the revised report should be used:

- *Agent Broker Compensation Data File Layout, [Attachment A](#)*
- *Business Scenarios, [Attachment B](#)*

2. Eligibility for Enrollment and Involuntary Disenrollment Due to Not Lawful Presence Status

When a beneficiary is not lawfully present in the United States, he or she is ineligible for new or continued enrollment in MA, Part D or cost plans. In the near future, CMS will determine the

beneficiary's eligibility for enrollment and make the period of ineligibility (start and end dates) available through the MARx UI Status Activity (M256), Status Detail (M257), and Beneficiary Eligibility (M232) screens. When CMS is informed by the Social Security Administration (SSA) that a beneficiary has a period of time during which they are not lawfully present in the U.S., CMS systems will store that data, and MARx will use this information to make enrollment eligibility decisions or to initiate involuntary disenrollment from the beneficiary's Plan. Not Lawfully Present periods may begin and end on days other than the first and last of a month; however, CMS will derive periods of ineligibility for Plan enrollment based on whole calendar months. The ineligibility period will be reflected in CMS systems as the Medicare Plan Ineligibility Period. Periods of ineligibility will only be established based on when the individual is not lawfully present for the entire month. For example, a not lawfully present period of March 10, 2015 through October 2, 2015 will create a Medicare Plan Ineligibility Period of April 1, 2015 through September 30, 2015.

The MARx UI Beneficiaries: Eligibility (M232) screen is being enhanced to display periods of Medicare Plan Ineligibility for a beneficiary. Additionally, the Status Activity (M256) screen will include not lawfully present status. From the M256 screen, the user will be able to link to the corresponding Status Detail: Not Lawfully Present (M257) screen to view the Not Lawfully Present periods, the derived Medicare Plan Ineligibility periods, and the date CMS was notified by SSA.

If a Plan submits a new enrollment for a beneficiary with an effective date that falls during a Medicare Plan Ineligibility period, it will be rejected with a new Transaction Reply Code (TRC) 348 (Enrollment Rejected – Not Lawfully Present Period). If a submitted enrollment begins prior to a Medicare Plan Ineligibility period and overlaps the period, the accepted enrollment will be shortened to end the day prior to the start of the Medicare Plan Ineligibility period. When the enrollment is shortened, in addition to the disenrollment reply code, the Plan will receive the new informational TRC 349 (Disenrollment Due to Not Lawfully Present Period).

In addition, CMS will involuntarily disenroll beneficiaries who are currently enrolled in a Plan when it receives notification from the SSA of a period of not lawful presence and the Medicare Plan Ineligibility Period overlaps the individual's enrollment in the Plan. The effective date of these disenrollments will be the first of the month after CMS is notified of the not lawful presence status by SSA. Disenrollments will not be retroactive. For example, on April 15, 2016, CMS receives a not lawfully present start date of February 23, 2016. CMS will establish the Medicare Plan Ineligibility Period to begin on March 1, 2016, and the individual will involuntarily disenroll with a last day of coverage to be April 30, 2016. The individual will no longer have Plan coverage starting May 1, 2016. Likewise, CMS will cancel processed enrollments if the enrollment effective date overlaps the Medicare Plan Ineligibility Period. When a disenrollment or cancellation occurs, in addition to the normal TRC 015 (Enrollment Cancelled) or TRC 018 (Automatic Disenrollment), the Plan will receive the informational TRC 349 (Disenrollment Due to Not Lawfully Present Period). These disenrollments will receive a Disenrollment Reason Code (DRC) of 71 (Not Lawfully Present).

In some cases, CMS may receive a not lawful presence period with both a retroactive start and end date. CMS will not disenroll the beneficiary earlier than the date that CMS was informed by SSA of the not lawful presence period. In this case, the beneficiary will remain enrolled in the

Plan, if a current member. For example, on May 6, 2016, CMS receives a not lawfully present start date of January 27, 2016 and an end date of March 26, 2016. CMS will establish the Medicare Plan Ineligibility Period to begin on February 1, 2016 and end on February 29, 2016. The individual will not be disenrolled and continue to have Plan coverage. Note that any new retroactive enrollments will not be permitted with an effective date that is during a period of not lawful presence status.

Plans should note that CMS will not re-enroll beneficiaries into their prior Plan following the end of a not lawful presence period. In such cases, beneficiaries, upon the end of their not lawful presence status, will need to submit a new enrollment request to a Plan for a prospective enrollment. Plans will process such enrollment requests following existing policies and procedures.

CMS will implement the systems changes to establish the structural framework to populate the not lawful presence data. Data fields, such as MARx screens and the Beneficiary Eligibility Query (BEQ), will be displayed as blanks until full implementation is in effect. In the meantime, Plans are not permitted to determine an individual's lawful presence status to determine eligibility for enrollment. Plans should follow their existing process for confirming the beneficiary's eligibility and submitting a disenrollment, if appropriate.

Plans should not expect to see data on not lawful presence for the purposes of determining eligibility for enrollment, or receive denials of submitted enrollment transactions or automatic disenrollments due to confirmed incarceration at this time. As a result, they will not receive TRCs 348 and 349, nor DRC 71.

CMS encourages Plans to make changes to their internal systems in anticipation of receiving the data. Once CMS completes its internal implementation and data is available, we will move quickly to alert Plans and start effectuating this process. These new processes and TRCs will go into effect when not lawful presence data is available.

- *New and Updated TRCs, [Attachment C, Figure 1](#)*
- *New Disenrollment Reason Code for Not Lawfully Present, [Attachment C, Figure 2](#)*
- *New Adjustment Reason Code for Not Lawfully Present, [Attachment C, Figure 3](#)*
- *Beneficiaries: Eligibility (M232) Screen, [Attachment C, Figure 4](#)*
- *Status Activity (M256) Screen, [Attachment C, Figure 5](#)*
- *Status Detail: Not Lawfully Present (M257) Screen, [Attachment C, Figure 6](#)*
- *BEQ Response File, [Attachment D](#)*

NOTE: The BEQ layout will also contain the fields for the Eligibility for Enrollment and Involuntary Disenrollment due to Incarceration Status.

3. Medicare Saving Account (MSA) Deposit Amounts on the Membership Monthly Report (MMR)

Effective April 2016 payment, Medical Savings Account (MSA) deposit information is being removed from the Monthly Membership Report (MMR). A new monthly MSA Deposit-Recovery data file will provide MSA participating Plans with the information necessary to

reconcile and identify MSA deposit amounts. This MSA Deposit-Recovery data file will report MSA lump sum deposit and recovery amounts for the Current Payment Month (CPM) at the beneficiary level. It also will provide subtotals at the Plan Benefit Package (PBP) and Contract level.

To ensure that Plans have complete MSA information for 2016, CMS will provide data files for CPMs back to January 2016.

- *MSA Deposit-Recovery Data File Layout, [Attachment E](#)*
- *Monthly Membership Detail Data File Layout, [Attachment F](#)*

4. Adding the Common Working File (CWF) Occurrence Number to the Medicare Secondary Payer (MSP) File

To assist Plans in submitting corrections to the Coordination of Benefits Contractor (COBC), the occurrence numbers associated with specific MSP periods in the CWF will be populated to the monthly MSP file.

The CWF Occurrence Number field is currently included on the MSP file on the Detail record as field 10 but it contains spaces. It will be populated beginning with the file created at the end of March 2016 for April 2016 payment.

- *Monthly MSP Information Data File Layout, [Attachment G](#)*

5. Late Enrollment Penalty Report (LEPR) Enhancements

In order to improve the accuracy of the data on the LEPR and to improve the ability of Plans to reconcile LEP data, the following enhancements are being implemented.

Effective with the April 2016 payment, MARx will use the same source to populate the LEPR and the payment request files. This change will eliminate inconsistencies between the LEP data on the Plan Payment Report and on the LEPR.

In addition, a cleanup identifier, similar to that used on the MMR, will be added to the LEPR as field 16 on the Detail record. It will also be added to the M258 screen (LEP View Screen) in the MARx user interface. This identifier will allow Plans to track LEP records involved in premium cleanups.

- *Updated LEP View (M258) Screen, [Attachment H, Figure 1](#)*
- *Updated LEPR Layout, [Attachment H, Figure 2](#)*

Plans are encouraged to contact the MAPD Help Desk for any issues encountered during the systems update process. Please direct any questions or concerns to the MAPD Help Desk at 1-800-927-8069 or e-mail at mapdhelp@cms.hhs.gov.

Agent Broker Compensation Data File Layout

Item	Field	Length	Position	Description
1	Record Type	1	1	1 - Detail
2	Contract Number	5	2-6	Contract identification
3	PBP	3	7-9	Plan Benefit Package
4	HICN	12	10-21	Health Insurance Claim Number
5	Last Name	12	22-33	Beneficiary Surname
6	First Name	7	34-40	Beneficiary Given Name
7	Middle Initial	1	41	Beneficiary Middle Initial
8	DOB	8	42-49	Beneficiary Birth Date YYYYMMDD Format
9	Gender	1	50	Beneficiary Gender Identification Code '0' = Unknown; '1' = Male; '2' = Female.
10	Application Date	8	51-58	The date the Plan received the beneficiary's completed enrollment (electronic) or the date the beneficiary signed the enrollment application (paper). Format: YYYYMMDD; otherwise, spaces if not applicable.
11	Enrollment Effective Start Date	8	59-66	Date Beneficiary's Plan enrollment starts, YYYYMMDD – Format.
12	Compensation Type as of Enrollment Effective Date	1	67	Compensation type to be paid to the broker for the first year of enrollment 'I' – Initial 'R' – Renewal Blank -
13	Report Generation Date	8	68-75	Date data file created YYYYMMDD – Format

Attachment A

Item	Field	Length	Position	Description
14	Cycle-Year as of Report Generation Date	3	76-78	Numeric value representing the broker compensation cycle-year as of the data file generation date: ‘-1’ = no compensation cycle exists for this enrollment because the data file generation date is before the effective date of the enrollment ‘1’ = first calendar year, ‘2’ = second calendar year, ‘3’ = third calendar year, ‘4’ = fourth calendar year, ‘5’ = fifth calendar year, ‘6’ = sixth calendar year... The numeric value can go as high as 999 years. Right justified.
15	Compensation Payment Year	3	79-81	Numeric value representing the broker compensation cycle-year as of the data file generation date: ‘1’ = first calendar year, ‘2’ = second calendar year, ‘3’ = third calendar year, ‘4’ = fourth calendar year, ‘5’ = fifth calendar year, ‘6’ = sixth calendar year... The numeric value can go as high as 999 years. Right justified.
16	Prior Plan Type	7	82-88	Broad classification of Beneficiary’s immediately prior Plan-type: ‘None’ = no prior Plan, ‘MA’ = non-drug MA Plan, ‘MAPD’ = MA Plan offering prescription drugs, ‘COST’ = Non-drug Medicare COST Plan, ‘COST/PD’ = Medicare COST Plan providing prescription drugs, ‘PDP’ = PDP and sometimes representative of a POS transaction

Attachment A

Item	Field	Length	Position	Description
17	Correction Indicator	2	89-90	<p>‘R’ – Retroactive enrollment</p> <ul style="list-style-type: none"> ○ Any enrollment processed by MARx after the effective date of the enrollment <p>‘ER’ – Enrollment reinstated</p> <ul style="list-style-type: none"> ○ An disenrollment cancellation was processed by MARx ○ A cancelled enrollment reinstated a previous enrollment <p>‘IR’ – Change in Initial or Renewal</p> <ul style="list-style-type: none"> ○ An enrollment was previously reported as Initial or Renewal however this information has been updated due to new information received by MARX <p>‘O’ – Change in the Compensation Year</p> <p>Blank – the enrollment does not have a corrected field</p>
18	Filler	60	91-150	Spaces

Agent Broker Compensation Data File - Trailer Record

Item	Field	Length	Position	Description
1	Record Type	1	1	2 - Trailer
2	Contract Number	5	2-6	Contract identification
3	Detail Record Count	8	7-14	<p>Right justified – number of detail records on the data file.</p> <p>The trailer record itself is not included in this count</p>
4	Filler	136	15-150	Spaces

Attachment B

Business Scenarios

The MARx report will not be changed until February 2016; however for the purposes of below scenarios prior years are used.

BS 1 – Like Plan Type Changes within a Contract Year

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- The enrollment is processed by MARx in December 2014 with an effective date of January 1, 2015

A summary of the January 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	I	1/4/2015	1	1	None	Spaces

The beneficiary enrolls with the following conditions:

- The beneficiary was enrolled in an MAPD Plan Type for Brokers' Compensation in the month preceding the enrollment
- Initial enrollment effective date is 1-1-2015, with a like plan type change into another MAPD with an enrollment effective date 5-1-2015
- The enrollment change is processed by CMS during April 2015

Attachment B

A summary of the May 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H2222002	111111111A	4/20/2015	5/1/2015	I	5/6/2015	1	1	MAPD	Spaces

BS 2 – Enrollment Cancellation

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- The enrollment is processed by MARx in December 2014 with an effective date of January 1, 2015

A summary of the January 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	I	1/4/2015	1	1	None	Spaces

The beneficiary enrolls in a MAPD plan with the following conditions:

- The beneficiary remains enrolled in H1234001 until the new enrollment is effective – the disenrollment date is 5/31/2015
- The effective date is June 1, 2015

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A summary of the June 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H2222001	111111111A	5/24/2015	6/1/2015	I	6/7/2015	1	1	MAPD	Spaces

In June, the enrollment that began in June is subsequently cancelled.

- Plan H1234001 will receive a TRC287 (Enrollment Reinstated)
- Plan H2222001 will receive a TRC285 (Enrollment Cancellation Accepted)

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/15	I	7/1/2015	1	1	None	ER

The beneficiary remains in the same Plan.

A summary of the January 2016 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2015	1/1/15	Spaces	1/5/2016	2	2	None	Spaces

BS 3 – Disenrollment Cancellation

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- The enrollment is processed by MARx in December 2014 with an effective date of January 1, 2015

A summary of the January 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	I	1/4/2015	1	1	None	Spaces

In May, the Plan submits a disenrollment transaction for the beneficiary with a disenrollment date of May 31, 2015. Disenrollments do not appear on the Brokers' Compensation Report so the beneficiary does not appear on the June 2015 Brokers' Compensation Report.

In June, the Plan submits a disenrollment cancellation transaction for the beneficiary.

- Plan H1234001 receives a TRC 288 (Disenrollment Cancellation Accepted) and TRC291 (Enrollment Reinstated, Disenrollment Cancellation)

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	I	7/6/2015	1	1	None	ER

The beneficiary remains in the same Plan.

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A summary of the January 2016 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2015	1/1/2015	Spaces	1/5/2016	2	2	None	Spaces

BS 4 Enrollment Effective Start Date Change with Retroactivity

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- The enrollment was processed by MARx in January 2012 with an effective date of February 1, 2012

A summary of the February 2012 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	222222222B	12/29/2011	2/1/2012	I	2/3/2012	1	1	None	Spaces

The beneficiary remains with the same Plan into 2013.

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A summary of the January 2013 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	222222222B	12/29/2011	2/1/2012	Spaces	1/4/2013	2	2	None	Spaces

The beneficiary retroactively changes the enrollment date as follows:

- In March 2013, the enrollment effective date changes to 12/1/2011.
- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the new enrollment effective date

A summary of the April 2013 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	222222222B	11/30/2011	12/1/2011	I	4/4/2013	3	3	None	R
H1234001	222222222B	12/29/2011	2/1/2012	R	4/4/2013	3	3	MAPD	IR

The beneficiary retroactively enrolls in a different MAPD Plan with the following conditions:

- The enrollment was processed by MARx in June 2013 with an effective date of January 1, 2010.
- This is a like plan type change

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A summary of the July 2013 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	222222222B	11/30/2011	12/1/2011	R	7/3/2013	4	4	MAPD	IR
H1234001	222222222B	12/29/2011	2/1/2012	R	7/3/2013	4	4	MAPD	O
H1234002	222222222B	12/31/2009	1/1/2010	I	7/3/2013	4	4	None	R

BS 5 – Simple Enrollment Effective Start Date Change

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In March 2015, the enrollment is processed by MARx with an effective date of April 1, 2015

A summary of the April 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	333333333B	3/3/2015	4/1/2015	I	4/4/2015	1	1	None	Spaces

The beneficiary retroactively changes the enrollment date as follows:

- In July 2015, the enrollment effective date changes to 2/1/2015

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- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the new enrollment effective date

A summary of the August 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	333333333B	1/31/2015	2/1/2015	I	8/2/2015	1	1	None	R

BS 6 – Enrollment Effective Date Change to a Later Date

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In March 2015, the enrollment is processed by MARx with an effective date of April 1, 2015

A summary of the April 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	444444444A	3/3/2015	4/1/2015	I	4/4/2015	1	1	None	Spaces

There was an error with this beneficiary's original enrollment. The beneficiary did not want the enrollment to begin in April; the enrollment was supposed to begin in June. The enrollment effective date changes as follows:

- In July 2015, the enrollment effective date changes from April 1, 2015 to June 1, 2015

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- The beneficiary was still in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment

A summary of the August 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	4444444444A	3/3/2015	6/1/2015	I	8/2/2015	1	1	None	R

BS 7 – Previous Enrollment Information Update

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In March 2015, the enrollment is processed by MARx with an effective date of April 1, 2015

A summary of the April 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	4444444444A	3/3/2015	4/1/2015	I	4/4/2015	1	1	None	Spaces

The beneficiary previously was identified by two HICNs. A cross-reference merge is executed which “fills in” a previous gap in enrollments:

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- In July 2015, the beneficiary's enrollment picture changes to include an MAPD enrollment that is effective in the month immediately preceding the above enrollment. This enrollment was identified as a renewal. In 2015, the Compensation Payment Year is 7. The fill in enrollment is an initial enrollment that was effective in 2009.

A summary of the August 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	444444444A	3/3/2015	4/1/2015	R	8/2/2015	7	7	MAPD	IR
Fill In Enrollment	444444444A	1/29/2009	2/1/2009	I	8/2/2015	7	7	None	R

BS 8 – Beneficiary with Multiple Updates

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In March 2015, the enrollment is processed by MARx with an effective date of April 1, 2015

A summary of the April 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	444444444A	3/3/2015	4/1/2015	I	4/4/2015	1	1	None	Spaces

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The beneficiary previously was identified by two HICNs. There are times when there are numerous enrollment changes due to the cross-reference merge. In July 2015, the following changes occurred for this beneficiary that impact could impact the broker's compensation:

- The Enrollment Effective Start Date changes from 4/1/2015 to 6/1/2015
- There is an MAPD enrollment that is effective in the month immediately preceding the above enrollment. This enrollment was identified as a renewal. In 2015, the Compensation Payment Year is 7. The fill in enrollment is an initial enrollment that was effective in 2009.

A summary of the August 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234002	444444444A	5/31/2015	6/1/2015	R	8/2/2015	7	7	MAPD	IR
Fill In enrollment	444444444A	1/29/2009	2/1/2009	I	8/2/2015	7	7	None	R

BS 9 – Plan Type Change

A beneficiary enrolls in a MAPD Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In January 2012, the enrollment was processed by MARx with an effective date of February 1, 2012

Attachment B

A summary of the February 2012 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	123222222B	12/29/2011	2/1/2012	I	2/3/2012	1	1	None	Spaces

The beneficiary remains with the same Plan into 2013.

A summary of the January 2013 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	123222222B	12/29/2011	2/1/2012	Spaces	1/4/2013	2	2	None	Spaces

The beneficiary retroactively enrolls in a PDP with the following conditions:

- In June 2013, the enrollment was processed by MARx with an effective date of January 1, 2010
- The PDP disenrollment date is 1/31/2012
- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- PDP and MAPD Plans are unlike

Attachment B

A summary of the July 2013 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	123222222B	12/31/2009	1/1/2010	I	7/5/2013	3	3	None	R

Assuming the beneficiary remains enrolled in the MAPD Plan.

A summary of the January 2014 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	123222222B	12/29/2011	2/1/2012	Spaces	1/5/2014	3	3	PDP	

BS 10 – Prospective Enrollment with January 1st Effective Date

A beneficiary enrolls in a PDP Plan with the following conditions:

- The beneficiary was enrolled in an MAPD Plan in the month preceding the enrollment
- In October 2014, the enrollment is processed by MARx with an effective date of January 2015

Attachment B

A summary of the November 2014 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	888888888A	10/21/2014	1/1/2015	Spaces	11/4/2014	-1	1	MAPD	Spaces

A summary of the January 2015 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	888888888A	10/21/2014	1/1/2015	I	1/4/2015	1	1	MAPD	Spaces

BS 11 – Broker's Compensation Retroactive Enrollment

A beneficiary enrolls in a PDP Plan with the following conditions:

- The beneficiary was enrolled in 1876 Cost Plan in the month preceding the enrollment
- In December 2015, the enrollment is processed by MARx with an effective date of December 1, 2015
- The PBP of the enrollment that is effective on December 1, 2015 is to be rolled over to a different PBP for 2016

A summary of the January 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	101011111A	11/28/2015	12/1/2015	I	1/4/2016	2	2	Cost	R
S1234002	101011111A	11/28/2015	1/1/2016	R	1/4/2016	2	2	PDP	Spaces

BS 12 – Dual Enrollment Scenario

A beneficiary enrolls in a PDP Plan with the following conditions:

- In November 2015, the enrollment was processed by MARx with an effective date of January 1, 2016
- The beneficiary was enrolled in a MA (cycle-year count 2 in 2015) and a PDP (cycle-year count 5 in 2015) in the month preceding the enrollment.

A summary of the December 2015 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	111000111A	11/14/2015	1/1/2016	Spaces	12/6/2015	-1	6	PDP	Spaces

A summary of the January 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234001	111000111A	11/14/2015	1/1/2016	R	1/4/2016	6	6	PDP	Spaces
H3333001	111000111A	11/4/2014	1/1/2015	Spaces	1/4/2016	3	3	MA	Spaces

Attachment B

The beneficiary enrolls in a MAPD Plan with the following conditions:

- In November 2016, the enrollment was processed by MARx with an effective date of January 1, 2017

A summary of the December 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H2222002	111000111A	11/7/2016	1/1/2017	Spaces	12/5/2016	-1	4	MA	Spaces

BS 13 – Auto-Enrollment

A beneficiary is enrolled into the LINET plan by CMS with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In December 2015, the enrollment was processed by MARx with an effective date of January 1, 2016
- Enrollment source code is A (Auto-enrolled by CMS)
- A summary of the January 2016 Broker's Compensation Report – because LINET plans are not eligible the beneficiary does not appear on the report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

Attachment B

The beneficiary enrolls in a PDP with the following conditions:

- In February 2016, the enrollment was processed by MARx with an effective date of March, 2016.

A summary of the March 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234004	131131131A	2/4/2016	3/1/2016	I	3/3/2016	1	1	None	Spaces

BS 14 – Auto-Enrollment with an Existing Enrollment

A beneficiary is enrolled in a PDP (not LINET) by CMS with the following conditions:

- The beneficiary was enrolled in a PDP the month preceding the enrollment (cycle-year count 2 in 2015)
- In June 2015, the enrollment was processed by MARx with an effective date of July 1, 2015
- Enrollment source code is A (Auto-enrolled by CMS) or C (Facilitated enrollment by CMS)
- A summary of the July 2015 Broker's Compensation Report - because the enrollments with source codes of A or C are not eligible, the beneficiary does not appear on the report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

Attachment B

The beneficiary enrolls in a PDP with the following conditions:

- In July 2015, the enrollment was processed by MARx with an effective date of August, 2015

A summary of the August 2015 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
S1234004	131131131A	7/4/2015	8/1/2015	R	8/3/2015	2	2	PDP	Spaces

BS 15 – Retroactive Enrollment with Impact to Cycle Year

- The beneficiary was in a MAPD Plan in the month preceding the enrollment – “Plan A”. This plan was an initial enrollment.
- The enrollment is processed by MARx in December 2014 with an effective date of January 1, 2015 – Plan H1234001

A summary of the January 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	R	1/4/2015	2	2	MAPD	Spaces

The beneficiary retroactively enrolls with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment

Attachment B

- The enrollment effective date is June 2013
- The enrollment is processed by CMS during January 2015

A summary of the February 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	R	2/1/2015	3	3	MAPD	O
Plan A						3	3		IR
H2222001	111111111A	5/31/2013	6/1/2013	I	2/1/2015	3	3	None	R

BS 16 – MMP

A beneficiary is passively enrolled in a MMP with the following conditions:

- The enrollment was processed by MARx in December 2016 with an effective date of January 1, 2017.

The beneficiary does not appear on the Brokers' Compensation Data File because passive enrollments in MMP are not eligible.

In October 2017, the beneficiary chooses to enroll in a different MMP with an effective date of January 2018. The beneficiary remains enrolled in the prior MMP until December 31, 2017.

Attachment B

A summary of the November 2017 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	10/15/2017	1/1/2018	Spaces	11/2/2017	-1	1	MAP D	Spaces

A summary of the January 2018 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	10/15/2017	1/1/2018	I	1/2/2018	1	1	MAP D	Spaces

BS 17 – Reassignment and Rollover Enrollment

A beneficiary is enrolled in a PDP by CMS with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In December 2015, the enrollment was processed by MARx with an effective date of January 1, 2016
- Enrollment source code is A (Auto-enrolled by CMS)

Attachment B

A summary of the January 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

The enrollment is part of the reassignment process that occurs the next year. The beneficiary is reassigned to another PDP. The enrollment source code is 'H'. Since the previous enrollment was not eligible for broker's compensation, this enrollment is also not eligible.

A summary of the November 2016 and January 2017 Broker's Compensation Reports:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

The Plan is going to be discontinued in 2018. A Rollover is submitted for this enrollment with an enrollment source code of 'D'. The "rolled over" enrollment is also a PDP. Since the previous enrollment was not eligible for broker's compensation, this enrollment is also not eligible.

A summary of the November 2017 and January 2018 Broker's Compensation Reports:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

BS 18 – Facilitated and Rollover Enrollment in an Unlike Plan

A beneficiary is enrolled in a MAPD by CMS with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- In December 2015, the enrollment was processed by MARx with an effective date of January 1, 2016
- Enrollment source code is C (CMS Facilitated Enrollment)

A summary of the January 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

The Plan that the beneficiary is enrolled in is terminated mid-year. The enrollment is rolled over (Source code of 'D') to a PDP in June 2016 with an enrollment effective date of July 1, 2016. Since the prior enrollment was not eligible for broker's compensation, the new enrollment is also not eligible.

A summary of the July 2016 Broker's Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator

BS 19 – Rollover Enrollment in an Unlike Plan

A beneficiary enrolls in a Cost 1876 Plan with the following conditions:

- The beneficiary was in Fee for Service, Newly Eligible, or Enrolled in a Plan Type that is not eligible for Brokers' Compensation in the month preceding the enrollment
- The enrollment is processed by MARx in December 2014 with an effective date of January 1, 2015

A summary of the January 2015 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	I	1/4/2015	1	1	None	Spaces

The beneficiary remains in the Cost 1876 Plan.

A summary of the January 2016 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H1234001	111111111A	12/2/2014	1/1/2015	Spaces	1/4/2016	2	2	None	Spaces

Attachment B

In November 2016, enrollments in the Cost1876 Plan are rolled over into a MA Plan with an effective date of January 1, 2017. The enrollments source code is 'D'.

A summary of the December 2016 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H4334009	111111111A	11/7/2016	1/1/2017	Spaces	12/5/2016	-1	1	Cost	Spaces

A summary of the January 2017 Brokers' Compensation Report:

Plan	HICN	Application Date	Enrollment Effective Start Date	Compensation Type (I/R) as of Enrollment Effective Date	Report Generation Date	Cycle Year as of Report Generation Date	Compensation Payment Year	Prior Plan Type	Correction Indicator
H4334009	111111111A	11/7/2016	1/1/2017	I	1/4/2015	1	1	Cost	Spaces

Figure 1: New and Updated TRCs (TRCs 015, 018, 289, 348, 349)

Code	Type	Title	Short Definition	Description
015	A	Enrollment Removed	ENROLL REMOVED	<p>An existing enrollment was removed from the list of the beneficiary's active enrollments. The effective date of the enrollment that was removed is reported in the Effective Date field (18). This TRC is reported on a reply with a Transaction Type 51 or 54.</p> <p>When an enrollment is removed, it means that the enrollment never occurred.</p> <p>A removal may be the result of an action on the part of the beneficiary, CMS, or another Plan. Examples:</p> <ul style="list-style-type: none"> • The beneficiary enrolled in another plan before this enrollment began. • The beneficiary died before the enrollment began. • An enrollment that was the result of a rollover was removed before it began. This can be due to: <ul style="list-style-type: none"> • The beneficiary disenrolled from the original plan with an effective date before the rollover enrollment began. • The plan into which the beneficiary was rolled over removed the enrollment before it began. • The enrollment falls completely within a period during which the beneficiary was incarcerated or not lawfully present. <p>Note: This removal is different from enrollment cancellations generated with an Enrollment Cancellation Transaction Code 80. An Enrollment cancellation attempts to reinstate the beneficiary into the previous plan. When a plan receives a TRC 015 saying the enrollment was removed, no reinstatements in previous plans occur.</p> <p>Plan Action: Because it was removed, this entire enrollment that was scheduled to begin on the date in field 18 should be removed from the Plan's enrollment records. Take the appropriate actions as per CMS enrollment guidance.</p>

Code	Type	Title	Short Definition	Description
289	R	Disenrollment Cancellation Rejected	RJCT DISNRL CAN	<p>A Disenrollment Cancellation (Transaction Type 81) transaction was rejected. Rejection occurred for one of the following reasons:</p> <ul style="list-style-type: none"> • Beneficiary was still enrolled in plan, never disenrolled; • Beneficiary was not enrolled in the plan; • Disenrollment being cancelled was not submitted by the Plan. • Cannot restore prior enrollment due to associated disenrollment reason codes 5, 6, 8, 9, 10, 13, 15, 18, 19, 54, 56, 57, 61. • Reinstated enrollment would conflict with another existing enrollment. • The beneficiary's benefits have been suspended due to confirmed incarceration or a Not Lawfully Present period. <p>Plan Action: Submit Enrollment transaction.</p>
348	R	Enrollment Rejected – Not Lawfully Present Period	CNFRMD NOTLAWFL	<p>An enrollment transaction (Transaction Type 61) was rejected because the beneficiary's benefits have been suspended due to confirmed Not Lawfully Present period, and the enrollment effective date falls within the Medicare Plan Ineligibility period.</p> <p>Plan Action: Update the Plan's records accordingly. Take the appropriate actions as per CMS enrollment guidance.</p>
349	I	Disenrollment Due to Not Lawfully Present Period	DISENRL NOTLAW PRESNT	<p>The benefits for this beneficiary were suspended due to a confirmed Not Lawfully Present period. As a result, an existing enrollment that falls within the suspension period was either shortened (disenrolled) or removed (cancelled).</p> <p>This TRC provides additional information about the disenrollment (TRC 018) or enrollment removal (TRC 015), which was sent as a separate reply in the same DTRR. The last day of the enrollment is reported in Transaction Reply Report data record field 18.</p> <p>Plan Action: Using the date in field 18, update the Plan's records to reflect the disenrollment or the removal of the existing enrollment. Take the appropriate actions as per CMS enrollment guidance.</p>

Figure 2: New Disenrollment Reason Code (DRC) for Not Lawfully Present

Disenrollment Reason Number	Disenrollment Reason Description	MARx UI	AUTO-DIS	PLAN SUB'D
71	Not Lawfully Present	N/A	Y	N/A

Figure 3: New Adjustment Reason Code (ARC) for Not Lawfully Present

ARC	Description & Notes
66	Not Lawfully Present

Figure 4: Beneficiaries: Eligibility (M232) Screen

Medicare Advantage Prescription Drug (MARx)
Welcome | [Beneficiaries](#) | [Transactions](#) | [Payments](#) | [Rates](#) | [Reports](#) | [Maintenance](#) | [System](#) | [PETS](#)
[Find](#) | [New Enrollment](#) | [Eligibility](#) | [Opt-Out](#) | [Resync Status](#)

Beneficiary: Eligibility (M232)
User: XXXX Role: MARX SYSTEM ADMINISTRATOR Date: 9/29/2015

Print
Help...

Enter the claim number of the beneficiary.
*Indicates required field

*Claim #
XXXXXXXXXX

Find

Claim Number: XXXXXXXXXX
Claim Number Cross Reference:
Name: JANE DOE
Birth Date: MM/DD/YYYY
Date of Death:
Sex: F
Address:

Most recent State: MA (22)
Most recent County: HAMPSHIRE (080)

Enrollment Information for 12/17/2014

Contract	PBP	Plan Type Code & Description	Start	End	Drug Plan
H1234	001	49 - Medicare-Medicaid Plan HMOPOS	MM/DD/YYYY		Y
S1234	002	29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y
S1234	001	29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y
S1234	002	29 - Medicare Prescription Drug Plan	MM/DD/YYYY	MM/DD/YYYY	Y

Entitlement Information

Part	Start	End	Option
X	MM/DD/YYYY		X
X	MM/DD/YYYY		X

Eligibility Information

Part	Start	End
X	MM/DD/YYYY	

Medicare Plan Enrollment Ineligibility Period Due to Incarceration

Start	End
MM/DD/YYYY	MM/DD/YYYY

Medicare Ineligibility Plan Periods Due To Not Lawfully Present

Start	End
MM/DD/YYYY	MM/DD/YYYY

Number of Uncovered Months

Start Date	Indicator	Number of Uncovered Months	Total Number of Uncovered Months	Record Add-Time Stamp	Record Type
MM/DD/YYYY		X	X	MM/DD/YYYY XX:XX:XX	V
MM/DD/YYYY		X	X	MM/DD/YYYY XX:XX:XX	V

Employer Subsidy

Start	End
There are no employer subsidies for the beneficiary	

Low Income Status

Subsidy Start Date	Subsidy End Date	Premium Subsidy Level	Co-Payment Level	Subsidy Source
MM/DD/YYYY	MM/DD/YYYY	100%	X	XXXXXX
MM/DD/YYYY	MM/DD/YYYY	100%	X	XXXXXX

Figure 5: Status Activity (M256) Screen

Claim #:11111111A JANE A. DOE DOB: xx/xx/xxxx
ACTIVE Age: xx Sex: FEMALE
State: xx (xx) County: xxxxxxxxxxx (xxx)

Snapshot | Enrollment | Payments | Adjustments | Premiums | LEP | SSA - RRB | PW Paid/Collected | Transactions | Factors | Utilization | MSA | Residence Address | Rx Insurance | Additional Insurance Information | Jurisdiction | Status Activity

Status Activity (M256) User: S59K Role: MARX SYSTEM ADMINISTRATOR Date: 2/15/2014 [Close](#) [Update](#) [Print](#) [Help...](#)
[Change User View](#)

[View](#) hyperlink is only displayed when more information is available.
Information on the screen represents the beneficiary's status as of today's date.

SSA State and County Codes				
State	County	History		
IA (15)	WINNISHIEK (900)	View		

Low Income Subsidy				
LI Subsidy Start	LI Subsidy End	LI Premium Subsidy Level	LI Co-payment Level	History

Uncovered Months	
Months	History
0	View

Health Status Flags		
Active	Type	History
N	ESRD	
N	MSP	
N	NHC	
N	HHC	
N	Medicaid	View
N	Hospice	View
N	HCBS	View
N	XREF	
N	Institutional	
N	Long Term Institutional	View
N	Disabled	

Eligibility Status Flags		
Active	Type	History
Y	Part A	View
Y	Part B	View
Y	Part D	View
Y	Incarceration	View
Y	Not Lawfully Present	View
N	Employer Subsidy	
N	Opt-Out Part D	
N	Opt-Out MMP	

Figure 6: Status Detail: Not Lawfully Present (M257) Screen

Claim #:11111111A DOB: xx/xx/xxxx
ACTIVE Age: xx Sex: FEMALE
State: xx (xx) County: xxxxxxxxxxx (xxx)

Status Detail: Not Lawfully Present (M257) User: XXXX Role: MARX SYSTEM ADMINISTRATOR Date: 10/15/2015 [Close](#) [Print](#) [Help...](#)

Medicare Plan Enrollment Not Lawfully Present [View Audit](#)

SSA Suspension Start Date	SSA Suspension End Date	Medicare Plan Ineligibility Start Date	Medicare Plan Ineligibility End Date	Valid/Audit	SSA Notification Timestamp
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	V	MM/DD/YYYY 00:00:00
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	V	MM/DD/YYYY 00:00:00

BEQ Response File**BEQ Response File - Header Record**

Data Field	Length	Position	Format	Valid Values
Header Code	8	1 – 8	CHAR	‘CMSBEQRH’
Sending Entity	8	9 – 16	CHAR	‘MBD ’ (MBD + five spaces)
File Creation Date	8	17 – 24	CHAR	CCYYMMDD
File Control Number	9	25 – 33	CHAR	
Filler	1467	34 – 1500	CHAR	Spaces

BEQ Response File - Detail Record

Data Field	Length	Position	Format	Valid Values
Record Type	3	1 – 3	CHAR	‘DTL’
Start of Original Detail Record				
Record Type	5	4 – 8	CHAR	
Beneficiary’s Health Insurance Claim/Railroad Board Number	12	9 – 20	CHAR	
Filler	9	21 – 29	CHAR	
Beneficiary’s Date of Birth	8	30 – 37	CHAR	
Beneficiary’s Gender Code	1	38	CHAR	
Detail Record Sequence Number	7	39 – 45	ZD	
End of Original Detail Record				
Processed Flag	1	46	CHAR	‘Y’ or ‘N’
Beneficiary Match Flag	1	47	CHAR	‘Y’ or ‘N’
Medicare Part A Entitlement Start Date	8	48 – 55	CHAR	CCYYMMDD
Medicare Part A Entitlement End Date	8	56 – 63	CHAR	CCYYMMDD
Medicare Part B Entitlement Start Date	8	64 – 71	CHAR	CCYYMMDD
Medicare Part B Entitlement End Date	8	72 – 79	CHAR	CCYYMMDD
Medicaid Indicator	1	80	CHAR	‘0’ or ‘1’
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence one)	8	81 – 88	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence one)	8	89 – 96	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence two)	8	97 – 104	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence two)	8	105 – 112	CHAR	CCYYMMDD

Attachment D

Data Field	Length	Position	Format	Valid Values
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence three)	8	113 – 120	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence three)	8	121 – 128	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence four)	8	129 – 136	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence four)	8	137 – 144	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence five)	8	145 – 152	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence five)	8	153 – 160	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence six)	8	161 – 168	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence six)	8	169 – 176	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence seven)	8	177 – 184	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence seven)	8	185 – 192	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence eight)	8	193 – 200	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence eight)	8	201 – 208	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence nine)	8	209 – 216	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence nine)	8	217 – 224	CHAR	CCYYMMDD
Part D Enrollment Effective Date or Employer Subsidy Start Date (occurrence 10)	8	225 – 232	CHAR	CCYYMMDD
Part D Disenrollment Date or Employer Subsidy End Date (occurrence 10)	8	233 – 240	CHAR	CCYYMMDD
Sending Entity	8	241 – 248	CHAR	
File Control Number	9	249 – 257	CHAR	
File Creation Date	8	258 – 265	CHAR	CCYYMMDD
Part D Eligibility Start Date	8	266 – 273	CHAR	

Attachment D

Data Field	Length	Position	Format	Valid Values
Deemed / Low-Income Subsidy Effective Date (occurrence one)	8	274 – 281	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence one)	8	282 – 289	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence one)	1	290	CHAR	'1', '2', '3', '4' or '5'
Part D Premium Subsidy Percent (occurrence one)	3	291 – 293	CHAR	'100', '075', '050', or '025'
Deemed / Low-Income Subsidy Effective Date (occurrence two)	8	294 – 301	CHAR	CCYYMMDD
Deemed / Low-Income Subsidy End Date (occurrence two)	8	302 – 309	CHAR	CCYYMMDD
Co-Payment Level Identifier (occurrence two)	1	310	CHAR	1', '2', '3', '4' or '5'
Part D Premium Subsidy Percent (occurrence two)	3	311 – 313	CHAR	'100', '075', '050', or '025'
Part D/RDS Indicator (10 occurrences)				
RDS/Part D Indicator (occurrence one)	1	314	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence two)	1	315	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence three)	1	316	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence four)	1	317	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence five)	1	318	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence six)	1	319	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence seven)	1	320	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence eight)	1	321	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence nine)	1	322	CHAR	'D' or 'R'
RDS/Part D Indicator (occurrence 10)	1	323	CHAR	'D' or 'R'
Uncovered Months Data (20 occurrences)				
Start Date (occurrence one)	8	324 – 331	CHAR	CCYYMMDD
Number of Uncovered Months (occurrence one)	3	332 – 334	ZD	
Number of Uncovered Months Status Indicator (occurrence one)	1	335	CHAR	
Total Number of Uncovered Months (occurrence one)	3	336 – 338	ZD	
Uncovered Months (occurrence two)	15	339 – 353		
Uncovered Months (occurrence three)	15	354 – 368		
Uncovered Months (occurrence four)	15	369 – 383		
Uncovered Months (occurrence five)	15	384 – 398		
Uncovered Months (occurrence six)	15	399 – 413		

Attachment D

Data Field	Length	Position	Format	Valid Values
Uncovered Months (occurrence seven)	15	414 – 428		
Uncovered Months (occurrence eight)	15	429 – 443		
Uncovered Months (occurrence nine)	15	444 – 458		
Uncovered Months (occurrence 10)	15	459 – 473		
Uncovered Months (occurrence 11)	15	474 – 488		
Uncovered Months (occurrence 12)	15	489 – 503		
Uncovered Months (occurrence 13)	15	504 – 518		
Uncovered Months (occurrence 14)	15	519 – 533		
Uncovered Months (occurrence 15)	15	534 – 548		
Uncovered Months (occurrence 16)	15	549 – 563		
Uncovered Months (occurrence 17)	15	564 – 578		
Uncovered Months (occurrence 18)	15	579 – 593		
Uncovered Months (occurrence 19)	15	594 – 608		
Uncovered Months (occurrence 20)	15	609 – 623		
Beneficiary's Retrieved Date of Birth (as retrieved from CMS database for matching beneficiary)	8	624 – 631	CHAR	CCYYMMDD
Beneficiary's Retrieved Gender Code (as retrieved from CMS database for matching beneficiary)	1	632	CHAR	0 = Unknown 1 = Male 2 = Female
Last Name	40	633 – 672	CHAR	
First Name	30	673 – 702	CHAR	
Middle Initial	1	703	CHAR	
Current State Code	2	704 – 705	CHAR	
Current County Code	3	706 – 708	CHAR	
Date of Death	8	709 – 716	CHAR	CCYYMMDD
Part C/D Contract Number (if available)	5	717 – 721	CHAR	
Part C/D Enrollment Start Date (if available)	8	722 – 729	CHAR	CCYYMMDD
Part D Indicator (if available)	1	730	CHAR	Y = Yes, N = No Space
Part C Contract Number (if available)	5	731 – 735	CHAR	
Part C Enrollment Start Date (if available)	8	736 – 743	CHAR	
Part D Indicator (if available)	1	744	CHAR	N = No Space
ESRD Indicator	1	745	CHAR	End Stage Renal Disease Indicator 0 = No ESRD 1 = ESRD

Attachment D

Data Field	Length	Position	Format	Valid Values
PBP Number (associated with contract number in positions 717 – 721)	3	746 – 748	CHAR	Plan Benefit Package number
Plan Type Code (associated with PBP number in positions 746 – 748)	2	749 – 750	CHAR	Type of plan 01 = HMO 02 = HMOPOS 04 = Local PPO 05 = PSO (State License) 07 = MSA 08 = RFB PFFS 09 = PFFS 18 = 1876 Cost 19 = HCPP 1833 Cost 20 = National PACE 28 = Chronic Care 29 = Medicare Prescription Drug Plan 30 = Employer/ Union Only Direct Contract PDP 31 = Regional PPO 32 = Fallback 40 = Employer/ Union Only Direct Contract PFFS 42 = RFB HMO 43 = RFB HMOPOS 44 = RFB Local PPO 45 = RFB PSO (State License) 46 = Point-of-Sale Contractor
Plan Type Code (cont.)				47 = Employer/ Union Only Direct Contract PPO 48 = Medicare-Medicaid Plan HMO 49 = Medicare-Medicaid Plan HMOPOS 50 = Medicare-Medicaid Plan PPO 99 = Undefined Historical Data

Attachment D

Data Field	Length	Position	Format	Valid Values
EGHP Indicator (associated with PBP number in positions 746 – 748)	1	751	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
PBP Number (associated with contract number in positions 731 – 735)	3	752 – 754	CHAR	Plan Benefit Package number
Plan Type Code (associated with PBP number in positions 752 – 754)	2	755 – 756	CHAR	See values for positions 1167–1168.
EGHP Indicator (associated with PBP number in positions 752 – 754)	1	757	CHAR	Employer Group Health Plan Switch Y = EGHP N = not EGHP
Mailing Address Line 1	40	758 – 797	CHAR	
Mailing Address Line 2	40	798 – 837	CHAR	
Mailing Address Line 3	40	838 – 877	CHAR	
Mailing Address Line 4	40	878 – 917	CHAR	
Mailing Address Line 5	40	918 – 957	CHAR	
Mailing Address Line 6	40	958 – 997	CHAR	
Mailing Address City	40	998 – 1037	CHAR	
Mailing Address Postal State Code	2	1038 – 1039	CHAR	
Mailing Address ZIP Code	9	1040 – 1048	CHAR	
Mailing Address Start Date	8	1049 – 1056	CHAR	CCYYMMDD
Residence Address Line 1	60	1057 – 1116	CHAR	
Residence Address City	40	1117 – 1156	CHAR	
Residence Address Postal State Code	2	1157 – 1158	CHAR	
Residence Address ZIP Code	9	1159 – 1167	CHAR	
Residence Address Start Date	8	1168 – 1175	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(1)	8	1176 – 1183	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(1)	8	1184 – 1191	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(2)	8	1192 – 1199	CHAR	CCYYMMDD

Attachment D

Data Field	Length	Position	Format	Valid Values
Medicare Plan Ineligibility Due to Incarceration End Date(2)	8	1200 – 1207	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(3)	8	1208 – 1215	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(3)	8	1216 – 1223	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(4)	8	1224 – 1231	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(4)	8	1232 – 1239	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(5)	8	1240 – 1247	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(5)	8	1248 – 1255	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(6)	8	1256 – 1263	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(6)	8	1264 – 1271	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(7)	8	1272 – 1279	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(7)	8	1280 – 1287	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(8)	8	1288 – 1295	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(8)	8	1296 – 1303	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(9)	8	1304 – 1311	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(9)	8	1312 – 1319	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration Start Date(10)	8	1320 – 1327	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Incarceration End Date(10)	8	1328 – 1335	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(1)	8	1336-1343	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (1)	8	1344-1351	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(2)	8	1352-1359	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (2)	8	1360-1367	CHAR	CCYYMMDD

Attachment D

Data Field	Length	Position	Format	Valid Values
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(3)	8	1368-1375	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (3)	8	1376-1383	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(4)	8	1384-1391	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (4)	8	1392-1399	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(5)	8	1400-1407	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (5)	8	1408-1415	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(6)	8	1416-1423	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (6)	8	1424-1431	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(7)	8	1432-1439	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (7)	8	1440-1447	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(8)	8	1448-1455	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (8)	8	1456-1463	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(9)	8	1464-1471	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (9)	8	1472-1479	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence Start Date(10)	8	1480-1487	CHAR	CCYYMMDD
Medicare Plan Ineligibility Due to Not Lawful Presence End Date (10)	8	1488-1495	CHAR	CCYYMMDD
Filler	5	1496-1500	CHAR	CCYYMMDD

BEQ Response File - Trailer Record

Data Field	Length	Position	Format	Valid Values
Trailer Code	8	1 – 8	CHAR	‘CMSBEQRT’
Sending Entity	8	9 – 16	CHAR	‘MBD ’ (MBD + five spaces)
File Creation Date	8	17 – 24	CHAR	CCYYMMDD
File Control Number	9	25 – 33	CHAR	
Record Count	7	34 – 40	ZD	Right justified
Filler	1460	41 – 1500	CHAR	Spaces

MSA Deposit-Recovery Data File Layout

The MSA Deposit-Recovery Data File includes MSA lump sum deposit and recovery amounts for the Current Payment Month (CPM) at the beneficiary level. The file is used by MSA participating Plans to reconcile and identify MSA deposit amounts.

The date in the file name defaults to “01” denoting the first day of the current payment month.

System	Type	Frequency	Dataset Naming Convention
MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.MSA.Dyymm01.Thhmsst P.Rxxxxx.MSA.Dyymm01.Thhmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.MSA.Dyymm01.Thhmsst zzzzzzzz.Rxxxxx.MSA.Dyymm01.Thhmsst Connect:Direct (Non-Mainframe): [directory]Fxxxxx.MSA.Dyymm01.Thhmsst [directory]Rxxxxx.MSA.Dyymm01.Thhmsst

There are three types of records on the MSA Deposit data file: Header, Detail and Trailer.

- Header Record –
 - Record ID = ‘HDR’, provides Contract number and pertinent dates for the file
- Detail Record –
 - Record ID = ‘DPT’, provides beneficiary level information on the Lump-Sum Deposits
 - Record ID = ‘RCV’, provides beneficiary level information on Lump-Sum Deposit amounts to be recovered from the plan
- Trailer Record –
 - Record ID= ‘TR1’, provides a total of Deposit amounts at the contract/plan benefit package (PBP) level
 - Record ID = ‘TR2’, provides a total of Deposit amounts at the contract level

All detail records for a single PBP are grouped together. Each group is followed by a TR1 Trailer that provides totals for the PBP. A TR2 Trailer is the last record in the file. It provides the totals at the Contract level (i.e. all PBPs).

MSA Deposit-Recovery Data File - Header Record

Item	Field	Size	Position	Description
1.	Record ID	3	1-3	HDR = Header Record
2.	MCO Contract Number	5	4-8	MCO Contract Number
3.	Run Date of the file	8	9-16	Date this data file was created YYYYMMDD
4.	Payment Date	6	17-22	YYYYMM
5.	Filler	143	23-165	Spaces

Total Length = 165

MSA Deposit-Recovery Data File - Detail Record

Item	Field	Size	Position	Description
1.	Record ID	3	1-3	DPT = MSA Deposit Record RCV = MSA Recovery Record
2.	MCO Contract Number	5	4-8	MCO Contract Number
3.	Plan Benefit Package ID	3	9-11	Plan Benefit Package ID Format: 999
4.	HIC Number	12	12-23	Member's HIC Number
5.	Surname	7	24-30	Surname
6.	First Initial	1	31	First Initial
7.	Sex	1	32	M = Male F = Female
8.	Date of Birth	8	33-40	YYYYMMDD
9.	Filler	1	41	Blank
10.	Disenrollment Reason Code	2	42-43	Disenrollment Reason Code associated with the Recovery Blank for a Deposit record
11.	MSA Deposit or Recovery Start Date	8	44-51	Start Date for Deposit or Recovery entry YYYYMMDD
12.	MSA Deposit or Recovery End Date	8	52-59	End Date for Deposit or Recovery entry YYYYMMDD

Item	Field	Size	Position	Description
13.	Number of Months in MSA Lump-sum Deposit or Recovery	2	60-61	Indicates Number of Months used to compute Lump-Sum or Recovery Payments. Format: 99
14.	Part A Monthly Deposit Rate	7	62-68	The Medicare Part A dollar amount that is deposited monthly into the beneficiaries MSA Account. Format: 9999.99
15.	Part B Monthly Deposit Rate	7	69-75	The Medicare Part B dollar amount that is deposited monthly into the beneficiaries MSA Account. Format: 9999.99
16.	Lump-Sum MSA Deposit or Recovery Part A amount	9	76-84	Part A Lump Sum Amount provided to plan for bene's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan Format: -99999.99 NOTE: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount
17.	Lump-Sum MSA Deposit or Recovery Part B amount	9	85-93	Part B Lump Sum Amount provided to plan for bene's MSA enrollment. For disenrollment, Part A Lump Sum amount to be recovered from Plan. Format: -99999.99 NOTE: A Recovery will be reported as a negative amount. A Deposit will be reported as a positive amount
18.	Filler	72	94-165	Blanks

MSA Deposit-Recovery Data File - Trailer Record

Item	Field	Size	Position	Description
1.	Record ID	3	1-3	Trailer Record TR1 – Trailer for Contract/PBP level TR2 – Trailer for Contract level
2.	Contract Number	5	4-8	Contract Number
3.	PBP Number	3	9-11	PBP Number on TR1 Blank on TR2

Attachment E

Item	Field	Size	Position	Description
4.	Beneficiary Count	7	12-18	TR1 - Distinct count of beneficiaries based on HICNs reported this month for the PBP TR2 – Sum of beneficiaries reported TR1 records Format: 9999999
5.	Detail Record Count	7	19-25	Count of Deposit and Recovery records for the PBP (TR1) or all PBPs (TR2) Format: 9999999
6.	PBP Count	4	26-29	Blank on TR1 Count of TR1 records for the contract Format: 9999
7.	Filler	2	30-31	Spaces
8.	Part A Total Deposit Amount	13	32-44	Total Part A Lump-Sum MSA Deposit amount Format: 9999999999.99
9.	Part B Total Deposit Amount	13	45-57	Total Part B Lump-Sum MSA Deposit amount Format: 9999999999.99
10.	Part A Total Recovery Amount	14	59-71	Total Part A Lump-Sum MSA Recovery amount Format: -9999999999.99
11.	Part B Total Recovery Amount	14	72-85	Total Part B Lump-Sum MSA Recovery amount Format: -9999999999.99
12.	Total Amount	15	86-100	Sum of all amounts on record Format: -9999999999.99
13.	Filler	69	101-165	Spaces

Monthly Membership Detail Data File Layout

For the February, 2016 release, the following three fields will be removed.

- MSA Part A Deposit/Recovery Amount (8 bytes)
- MSA Part B Deposit/Recovery Amount (8 bytes)
- MSA Deposit/Recovery Months (2 bytes)

These fields will be replaced by one 18 byte Filler field (field 37). All other fields remain unchanged.

Item	Field Name	Size	Position	Description
1.	MCO Contract Number	5	1-5	MCO Contract Number
2.	Run Date of the File	8	6-13	YYYYMMDD
3.	Payment Date	6	14-19	YYYYMM
4.	HIC Number	12	20-31	Member's HIC #
5.	Surname	7	32-38	-
6.	First Initial	1	39-39	-
7.	Sex	1	40-40	M = Male, F = Female
8.	Date of Birth	8	41-48	YYYYMMDD
9.	Age Group	4	49-52	BBEE BB = Beginning Age EE = Ending Age
10.	State & County Code	5	53-57	-
11.	Out of Area Indicator	1	58-58	Y = Out of Contract-level service area Always Spaces on Adjustment

Attachment F

Item	Field Name	Size	Position	Description
12.	Part A Entitlement	1	59-59	Y = Entitled to Part A
13.	Part B Entitlement	1	60-60	Y = Entitled to Part B
14.	Hospice	1	61-61	Y = Hospice
15.	ESRD	1	62-62	Y = ESRD
16.	Aged/Disabled MSP	1	63-63	Y = aged/disabled factor applicable to beneficiary; N = aged/disabled factor not applicable to beneficiary
17.	Institutional	1	64-64	Y = Institutional (monthly)
18.	NHC	1	65-65	Y = Nursing Home Certifiable

Item	Field Name	Size	Position	Description
19.	New Medicare Beneficiary Medicaid Status Flag	1	66-66	<p>1. Prior to calendar year 2008, payments and payment adjustments reported as follows:</p> <ul style="list-style-type: none"> • Y = Medicaid status, • blank = not Medicaid. <p>2. In calendar 2008, payments and payment adjustments were reported as follows:</p> <ul style="list-style-type: none"> • Y = Beneficiary is Medicaid and a default risk factor was used, • N = Beneficiary is not Medicaid and a default risk factor was used, • blank = CMS is not using a default risk factor or the beneficiary is Part D only. <p>3. Beginning in calendar 2009:</p> <ul style="list-style-type: none"> • Payment adjustments with effective dates in 2008 and after, and all prospective payments report as follows: <ul style="list-style-type: none"> ○ Y = Beneficiary is Medicaid and a default risk factor was used, ○ N = Beneficiary is not Medicaid and a default risk factor was used, ○ blank = CMS is not using a default risk factor or the beneficiary is Part D only. • Payment adjustments with effective dates in 2007 and earlier report as follows: <ul style="list-style-type: none"> ○ Y = A payment adjustment was made at a “Medicaid” rate to the demographic component of a blended payment. ○ N = A payment adjustment was made to the demographic payment component of a blended payment. The adjustment was not at a “Medicaid” rate. ○ Blank = Either the adjusted payment had no demographic component, or only the risk portion of a blended payment was adjusted.
20.	LTI Flag	1	67-67	Y = Part C Long Term Institutional

Item	Field Name	Size	Position	Description
21.	Medicaid Indicator	1	68-68	<p>When:</p> <ul style="list-style-type: none"> • A RAS-supplied factor is used in the payment, and • The Part C Default Indicator in the Payment Profile is blank, and • The Medicaid Switch present in the RAS-supplied data that corresponds to the risk factor used in payment is not blank then value is Y = Medicaid Add-on (RAS beneficiaries). <p>Otherwise the value will be blank.</p>
22.	PIP-DCG	2	69-70	PIP-DCG Category - Only on pre-2004 adjustments
23.	Default Risk Factor Code	1	71-71	<ul style="list-style-type: none"> • Prior to 2004, 'Y' indicates a new enrollee risk adjustment (RA) factor was in use. • In the period 2004 through 2008, 'Y' indicates that a default factor was generated by the system due to lack of a RA factor. • For 2009 and after, for payments and payment adjustments and regardless of the effective date of the adjustment, the following applies: <ul style="list-style-type: none"> '1' = Default Enrollee- Aged/Disabled '2' = Default Enrollee- ESRD dialysis '3' = Default Enrollee- ESRD Transplant Kidney, Month 1 '4' = Default Enrollee- ESRD Transplant Kidney, Months 2-3 '5' = Default Enrollee- ESRD Post Graft, Months 4-9 '6' = Default Enrollee- ESRD Post Graft, 10+Months '7' = Default Enrollee Chronic Care SNP <p>Blank = The beneficiary is not a default enrollee.</p>

Attachment F

Item	Field Name	Size	Position	Description
24.	Risk Adjuster Factor A	7	72-78	NN.DDDD Part A Risk Factor used for the Payment Calculation
25.	Risk Adjuster Factor B	7	79-85	NN.DDDD Part B Risk Factor used for the Payment Calculation
26.	Number of Paymt/Adjustmt Months Part A	2	86-87	99
27.	Number of Paymt/Adjustmt Months Part B	2	88-89	99
28.	Adjustment Reason Code	2	90-91	FORMAT: 99 Always Spaces on Payment and MSA Deposit or Recovery Records
29.	Paymt/Adjustment/MS A Start Date	8	92-99	FORMAT: YYYYMMDD
30.	Paymt/Adjustment/MS A End Date	8	100-107	FORMAT: YYYYMMDD
31.	Demographic Paymt/Adjustmt Rate A	9	108-116	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate A is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate A is displayed as 0.00.
32.	Demographic Paymt/Adjustmt Rate B	9	117-125	FORMAT: -99999.99 Prior to 2008, Demographic Paymt/Adjustmt Rate B is displayed. In 2008 and beyond, Demographic Paymt/Adjustmt Rate B is displayed as 0.00.

Item	Field Name	Size	Position	Description
33.	Monthly Paymt/Adjustmt Amount Rate A	9	126-134	Part A portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
34.	Monthly Paymt/Adjustmt Amount Rate B	9	135-143	Part B portion for the beneficiary's payment or payment adjustment dollars. For MSA Plans, the amount does not include any lump sum deposit or recovery amounts. It is the Plan capitated payment only, which includes the MSA monthly deposit amount as a negative term. FORMAT: -99999.99
35.	LIS Premium Subsidy	8	144-151	FORMAT: -9999.99
36.	ESRD MSP Flag	1	152-152	As of January 2011: T = Transplant/Dialysis P = Post Graft Blank = ESRD MSP not applicable Prior to 2011: Format X. Values = 'Y' or 'N'(default) Indicates if Medicare is the Secondary Payer
37.	Filler	18	153-170	Blanks

Item	Field Name	Size	Position	Description
38.	Current Medicaid Status	1	171-171	<p>Beginning in mid-2008, this field reports the beneficiary's current Medicaid status. (Prior to 11/07, Medicaid status was reported in field #19.)</p> <p>'1' = Beneficiary was determined to be Medicaid as of current payment month minus two (CPM -2) or minus one (CPM - 1),</p> <p>'0' = Beneficiary was not determined to be Medicaid as of current payment month minus two (CPM - 2) or minus one (CPM - 1),</p> <p>Blank = This is a retroactive transaction and Medicaid status is not reported.</p> <p>The four sources to determine Current Medicaid Status are:</p> <ol style="list-style-type: none"> 1. MMA State files or Dual Medicare Table 2. Low Income Territory Table 3. Medicaid Eligibility Table (Only valid records with a Medicaid source code of "003U" and "003C" shall be used.) 4. Point of Sale Table
39.	Risk Adjuster Age Group (RAAG)	4	172-175	<p>BBEE</p> <p>BB = Beginning Age</p> <p>EE = Ending Age</p> <p>Beginning in 2011, if the risk adjuster factor is from RAS, the Risk Adjuster Age Group reported will be the one used by RAS in calculating the risk factor</p>
40.	Previous Disable Ratio (PRDIB)	7	176-182	<p>NN.DDDD</p> <p>Percentage of Year (in months) for Previous Disable Add-On – Only on pre-2004 adjustments</p>

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Item	Field Name	Size	Position	Description
41.	De Minimis	1	183-183	Prior to 2008, flag will be spaces. Beginning 2008: 'N' = "de minimis" does not apply, 'Y' = "de minimis" applies.
42.	Beneficiary Dual and Part D Enrollment Status Flag	1	184-184	'0' – Plan without drug benefit, beneficiary not dual enrolled '1' – Plan with drug benefit, beneficiary not dual enrolled '2' – Plan without drug benefit, beneficiary dual enrolled '3' – Plan with drug benefit, beneficiary dual enrolled.
43.	Plan Benefit Package Id	3	185-187	Plan Benefit Package Id FORMAT 999
44.	Race Code	1	188-188	Format X Values: 0 = Unknown 1 = White 2 = Black 3 = Other 4 = Asian 5 = Hispanic 6 = N. American Native

Item	Field Name	Size	Position	Description
45.	RA Factor Type Code	2	189-190	Type of factors in use (see Fields 24-25): C = Community C1 = Community Post-Graft I (ESRD) C2 = Community Post-Graft II (ESRD) D = Dialysis (ESRD) E = New Enrollee ED = New Enrollee Dialysis (ESRD) E1 = New Enrollee Post-Graft I (ESRD) E2 = New Enrollee Post-Graft II (ESRD) G1 = Graft I (ESRD) G2 = Graft II (ESRD) I = Institutional I1 = Institutional Post-Graft I (ESRD) I2 = Institutional Post-Graft II (ESRD) SE = New Enrollee Chronic Care SNP
46.	Frailty Indicator	1	191-191	Y = MCO-level Frailty Factor Included
47.	Original Reason for Entitlement Code (OREC)	1	192-192	0 = Beneficiary insured due to age 1 = Beneficiary insured due to disability 2 = Beneficiary insured due to ESRD 3 = Beneficiary insured due to disability and current ESRD 9 = None of the above
48.	Lag Indicator	1	193-193	Y = Encounter data used to calculate RA factor lags payment year by 6 months
49.	Segment ID	3	194-196	Identification number of the segment of the PBP. Blank if there are no segments.

Item	Field Name	Size	Position	Description
50.	Enrollment Source	1	197	The source of the enrollment. Values are: A = Auto-enrolled by CMS, B = Beneficiary election, C = Facilitated enrollment by CMS, D = Systematic enrollment by CMS (rollover)
51.	EGHP Flag	1	198	Employer Group flag; Y = member of employer group, N = member is not in an employer group
52.	Part C Basic Premium – Part A Amount	8	199-206	The premium amount for determining the MA payment attributable to Part A. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
53.	Part C Basic Premium – Part B Amount	8	207-214	The premium amount for determining the MA payment attributable to Part B. It is subtracted from the MA plan payment for plans that bid above the benchmark. -9999.99
54.	Rebate for Part A Cost Sharing Reduction	8	215-222	The amount of the rebate allocated to reducing the member's Part A cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
55.	Rebate for Part B Cost Sharing Reduction	8	223-230	The amount of the rebate allocated to reducing the member's Part B cost-sharing. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99

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Item	Field Name	Size	Position	Description
56.	Rebate for Other Part A Mandatory Supplemental Benefits	8	231-238	The amount of the rebate allocated to providing Part A supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
57.	Rebate for Other Part B Mandatory Supplemental Benefits	8	239-246	The amount of the rebate allocated to providing Part B supplemental benefits. This amount is added to the MA plan payment for plans that bid below the benchmark. -9999.99
58.	Rebate for Part B Premium Reduction – Part A Amount	8	247-254	The Part A amount of the rebate allocated to reducing the member’s Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member’s payments. -9999.99
59.	Rebate for Part B Premium Reduction – Part B Amount	8	255-262	The Part B amount of the rebate allocated to reducing the member’s Part B premium. This amount is retained by CMS for non ESRD members and it is subtracted from ESRD member’s payments. -9999.99
60.	Rebate for Part D Supplemental Benefits – Part A Amount	8	263–270	Part A Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
61.	Rebate for Part D Supplemental Benefits – Part B Amount	8	271–278	Part B Amount of the rebate allocated to providing Part D supplemental benefits. -9999.99
62.	Total Part A MA Payment	10	279–288	The total Part A MA payment. -999999.99

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Item	Field Name	Size	Position	Description
63.	Total Part B MA Payment	10	289–298	The total Part B MA payment. -999999.99
64.	Total MA Payment Amount	11	299-309	The total MA A/B payment including MMA adjustments. This also includes the Rebate Amount for Part D Supplemental Benefits -9999999.99
65.	Part D RA Factor	7	310-316	The member's Part D risk adjustment factor. NN.DDDD Part D Risk Factor used for the Payment Calculation
66.	Part D Low-Income Indicator	1	317	From 2006 through 2010, an indicator to identify if the Part D Low-Income multiplier is included in the Part D payment. Values are 1 (subset 1), 2 (subset 2) or blank. Beginning 2011, value 'Y' indicates the beneficiary is Low Income, value 'N' indicates the beneficiary is not Low Income for the payment/adjustment being made.
67.	Part D Low-Income Multiplier	7	318-324	The member's Part D low-income multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.
68.	Part D Long Term Institutional Indicator	1	325	From 2006 through 2010, an indicator to identify if the Part D Long-Term Institutional multiplier is included in the Part D payment. Values are A (aged), D (disabled) or blank. For payment months 2011 and beyond, this field will be blank.
69.	Part D Long Term Institutional Multiplier	7	326-332	The member's Part D institutional multiplier. NN.DDDD For payment months 2011 and beyond, this field will be zero.

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Item	Field Name	Size	Position	Description
70.	Rebate for Part D Basic Premium Reduction	8	333-340	Amount of the rebate allocated to reducing the member's basic Part D premium. -9999.99
71.	Part D Basic Premium Amount	8	341-348	The plan's Part D premium amount. -9999.99
72.	Part D Direct Subsidy Monthly Payment Amount	10	349-358	The total Part D Direct subsidy payment for the member. When POS contract (X is first character of contract number), then it is total POS Direct Subsidy for the member. -999999.99
73.	Reinsurance Subsidy Amount	10	359-368	The amount of the reinsurance subsidy included in the payment. -999999.99
74.	Low-Income Subsidy Cost-Sharing Amount	10	369-378	The amount of the low-income subsidy cost-sharing amount included in the payment. -999999.99
75.	Total Part D Payment	11	379-389	The total Part D payment for the member -9999999.99.
76.	Number of Paymt/Adjustmt Months Part D	2	390-391	99
77.	PACE Premium Add On	10	392-401	Total Part D Pace Premium Add-on amount -999999.99
78.	PACE Cost Sharing Add-on	10	402-411	Total Part D Pace Cost Sharing Add-on amount -999999.99
79.	Part C Frailty Score Factor	7	412-418	Beneficiary's Part C frailty score factor, NN.DDDD; otherwise, spaces
80.	MSP Factor	7	419-425	Beneficiary's MSP secondary payer reduction factor, NN.DDDD; otherwise, spaces

Item	Field Name	Size	Position	Description
81.	MSP Reduction/Reduction Adjustment Amount – Part A	10	426-435	Net MSP reduction or reduction adjustment dollar amount– Part A, SSSSSS9.99
82.	MSP Reduction/Reduction Adjustment Amount – Part B	10	436-445	Net MSP reduction or reduction adjustment dollar amount – Part B, SSSSSS9.99
83.	Medicaid Dual Status Code	2	446-447	<p>Entitlement status for the dual eligible beneficiary. The valid values when Field 40 = 1 are:</p> <p>01 = Eligible is entitled to Medicare- QMB only</p> <p>02 = Eligible is entitled to Medicare- QMB AND Medicaid coverage</p> <p>03 = Eligible is entitled to Medicare- SLMB only</p> <p>04 = Eligible is entitled to Medicare- SLMB AND Medicaid coverage</p> <p>05 = Eligible is entitled to Medicare- QDWI</p> <p>06 = Eligible is entitled to Medicare- Qualifying individuals</p> <p>08 = Eligible is entitled to Medicare- Other Dual Eligibles (Non QMB, SLMB, QDWI or QI) with Medicaid coverage</p> <p>09 = Eligible is entitled to Medicare – Other Dual Eligibles but without Medicaid coverage</p> <p>99 = Unknown</p> <p>The valid value when Field 40 = 0 is:</p> <p>00 = No Medicaid Status</p> <p>The valid value when Field 40 is blank is:</p> <p>Blank</p>

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Item	Field Name	Size	Position	Description
84.	Part D Coverage Gap Discount Amount	8	448-455	The amount of the Coverage Gap Discount Amount included in the payment. -9999.99
85.	Part D RA Factor Type	2	456-457	Beginning with January 2011 payment, type of factors in use (see Field 67): D1 = Community Non-Low Income Continuing Enrollee, D2 = Community Low Income Continuing Enrollee, D3 = Institutional Continuing Enrollee, D4 = New Enrollee Community Non-Low Income Non-ESRD, D5 = New Enrollee Community Non-Low Income ESRD, D6 = New Enrollee Community Low Income Non-ESRD, D7 = New Enrollee Community Low Income ESRD, D8 = New Enrollee Institutional Non-ESRD, D9 = New Enrollee Institutional ESRD, Blank when it does not apply.

Item	Field Name	Size	Position	Description
86.	Default Part D Risk Factor Code	1	458	<p>Beginning with January 2011 payment :</p> <p>1=Not ESRD, Not Low Income, Not Originally Disabled,</p> <p>2=Not ESRD, Not Low Income, Originally Disabled,</p> <p>3=Not ESRD, Low Income, Not Originally Disabled,</p> <p>4=Not ESRD, Low Income, Originally Disabled,</p> <p>5= ESRD, Not Low Income, Not Originally Disabled,</p> <p>6= ESRD, Low Income, Not Originally Disabled,</p> <p>7= ESRD, Not Low Income, Originally Disabled,</p> <p>8= ESRD, Low Income, Originally Disabled,</p> <p>Blank when it does not apply.</p>
87.	Part A Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	459-467	<p>Beginning August 2011:</p> <p>Payments = Rate amount in effect for payment period</p> <p>Adjustments = Rate amount in effect for adjustment period</p> <p>Format: -99999.99</p>
88.	Part B Risk Adjusted Monthly Rate Amount for Pymt/Adj	9	468-476	<p>Beginning August 2011:</p> <p>Payments = Rate amount in effect for payment period</p> <p>Adjustments = Rate amount in effect for adjustment period</p> <p>Format: -99999.99</p>

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Item	Field Name	Size	Position	Description
89.	Part D Direct Subsidy Monthly Rate Amount for Pymt/Adj	9	477-485	<p>Beginning August 2011:</p> <p>Payments = Rate amount in effect for payment period</p> <p>Adjustments = Rate amount in effect for adjustment period</p> <p>Format: -99999.99</p>
90.	Cleanup ID	10	486-495	<p>The Cleanup ID field is used in the event of a cleanup or a RAS overpayment run. It is used to uniquely identify the cleanup with which the record is associated.</p> <p>RAS overpayment runs are associated with an ARC 60 or ARC 61 in Field 28.</p> <p>ARC 94 in Field 28 is used to identify clean-ups when no other ARC codes apply.</p> <p>The field will be blank when the record reports:</p> <ul style="list-style-type: none"> • A prospective payment • A non-cleanup adjustment • Any payment or adjustment prior to August 2011.

Monthly MSP Information Data File Layout

A Medicare Secondary Payment (MSP) data file is sent each month to the Plans. The data on this file reflects beneficiaries that have Medicare as their secondary payer sometime during their Medicare enrollment periods in Part A/B. It contains demographic information on the beneficiary as well as information on their primary insurance.

The file has four record types:

- A Header Record
- A Trailer Record
- A Primary Record
- A Detail Record.

The PRIMARY (“PRM”) record identifies and provides information about the beneficiary. The PRM record has a Detail Count field that identifies how many DETAIL records will follow the PRIMARY record. Each DETAIL (“DET##”) record contains the details on a specific MSP period for the beneficiary identified in the PRM record.

The Trailer Record contains a total count of PRIMARY records and a total count of combined PRIMARY and DETAIL records.

System	Type	Frequency	Dataset Naming Conventions
MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst Connect:Direct (Mainframe): zzzzzzzz.Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst Connect:Direct (Non-Mainframe): [directory].Rxxxxx.MSPCOBMA.Dyymmdd.Thhmsst

Monthly MSP Information Data File - Header Record

Item	Field Name	Size	Position	Description
1.	Header Code	8	1-8	Value 'CMSMSPDH'.
2.	Sending Entity	4	9-12	Value 'MARX'.
3.	File Creation Date	8	13-20	CCYYMMDD
4.	Filler	680	21-700	spaces

Total Length = 700

Monthly MSP Information Data File - Primary Record

Item	Field Name	Size	Position	Description
1.	Record Type	3	1-3	“PRM”
2.	HICN	12	4-15	RRB # or HICN
3.	Detail Count	2	16-17	This is the count of MSP DET records that exist for each beneficiary
4.	Date of Birth	8	18-25	CCYYMMDD
5.	Sex Code	1	26	0 = Unknown 1 = Male 2 = Female
6.	Contract	5	27-31	Contract Number
7.	PBP	3	32-34	Plan Benefit Package

This begins the MSP Factor fields for the Prospective Payment.

Item	Field Name	Size	Position	Description
8.	MSP Factor	7	35-41	Layout (00.0000)
9.	PTA RDAMT SIGN	1	42	“-” = Negative blank = Positive
10.	PTA RDAMT	9	43-51	Layout (999999.99)
11.	PTB RDAMT SIGN	1	52	“-” = Negative blank = Positive
12.	PTB RDAMT	9	53-61	Layout (999999.99)
13.	PAID FLAG	1	62	Y = Yes, it was paid N = No, it was not paid

This ends the MSP Factor fields for the Prospective Payment.

Item	Field Name	Size	Position	Description
14.	MSP Factor ADJ1	7	63-69	Layout (00.0000)
15.	PTA RDAMT SIGN ADJ1	1	70	“-” = Negative blank = Positive
16.	PTA RDAMT ADJ1	9	71-79	Layout (999999.99)

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Item	Field Name	Size	Position	Description
17.	PTB RDAMT SIGN ADJ1	1	80	“-” = Negative blank = Positive
18.	PTB RDAMT ADJ1	9	81-89	Layout (999999.99)
19.	PAID FLAG ADJ1	1	90	Y = Yes, it was paid N = No, it was not paid
20.	MSP Factor ADJ2	7	91-97	Layout (00.0000)
21.	PTA RDAMT SIGN ADJ2	1	98	“-” = Negative blank = Positive
22.	PTA RDAMT ADJ2	9	99-107	Layout (999999.99)
23.	PTB RDAMT SIGN ADJ2	1	108	“-” = Negative blank = Positive
24.	PTB RDAMT ADJ2	9	109-117	Layout (999999.99)
25.	PAID FLAG ADJ2	1	118	Y = Yes, it was paid N = No, it was not paid
26.	MSP Factor ADJ3	7	119-125	Layout (00.0000)
27.	PTA RDAMT SIGN ADJ3	1	126	“-” = Negative blank = Positive
28.	PTA RDAMT ADJ3	9	127-135	Layout (999999.99)
29.	PTB RDAMT SIGN ADJ3	1	136	“-” = Negative blank = Positive
30.	PTB RDAMT ADJ3	9	137-145	Layout (999999.99)
31.	PAID FLAG ADJ3	1	146	Y = Yes, it was paid N = No, it was not paid
32.	MSP Factor ADJ4	7	147-153	Layout (00.0000)
33.	PTA RDAMT SIGN ADJ4	1	154	“-” = Negative blank = Positive

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Item	Field Name	Size	Position	Description
34.	PTA RDAMT ADJ4	9	155-163	Layout (999999.99)
35.	PTB RDAMT SIGN ADJ4	1	164	“-” = Negative blank = Positive
36.	PTB RDAMT ADJ4	9	165-173	Layout (999999.99)
37.	PAID FLAG ADJ4	1	174	Y = Yes, it was paid N = No, it was not paid
38.	Filler	526	175-700	Spaces

Monthly MSP Information Data File - Detail Record

Item	Field Name	Size	Position	Description
1.	Record Type	5	1-5	Value: DET## (## = number of the MSP occurrence. 01 through 17)
2.	HICN	12	6-17	RRB # or HICN
3.	Delete Ind	1	18	D = occurrence to be deleted or audited
4.	Validity Ind	1	19	I = FI/Carrier added occurrence N = Beneficiary does not have MSP coverage Y = COBC added.
5.	MSP Code	1	20	The field value is cross-walked. (All values: 12 = Working Aged (A) 13 = ESRD (B) 14 = No Fault (D) 15 = Worker Comp (E) 16 = Federal (Public Health) (F) 41 = Black Lung (H) 42 = Veterans (I) 43 = Disabled (G) 47 = Liability (L)
6.	COB Contractor Number	5	21-25	N/A

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Item	Field Name	Size	Position	Description
7.	Date Entry Added	8	26-33	CCYYMMDD
8.	Update Contractor Number	5	34-38	N/A
9.	Maintenance Date	8	39-46	CCYYMMDD; Date the data was updated by MSP updating contractor.
10.	CWF Occurrence	2	47-48	2 digit numeric value Spaces if no value present on table
11.	Filler	4	49-52	Spaces
12.	INSURER TYPE	1	53	A = Insurance or indemnity, B = HMP, C = Preferred provider organization, D = Third party administrator arrangement under an administrative service only contract without stop loss from any entity E = Third party administrator arrangement with stop loss insurance issued from any entity, F = Self-insured/self-administered, G = Collectively-bargained health and welfare, H = Multiple employer health plan with at least one employer who has more than 100 full and/or part-time employees, J = Hospitalization only plan which covers only Inpatient services, K = Medicare services only plan which covers only non-inpatient services, M = Medicare supplemental plan: Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan , ' ' = spaces
13.	Insurer Name	32	54-85	The name of the group coverage plan in which the beneficiary is enrolled.
14.	Insurer Address 1	32	86-117	The first line of the insurer's mailing street address.
15.	Insurer Address 2	32	118-149	The second line of the insurer's mailing street address.
16.	Insurer City	15	150-164	The name of the city for the insurer's mailing address.

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Item	Field Name	Size	Position	Description
17.	Insurer State Code	2	165-166	The postal state code for the insurer's mailing address.
18.	Insurer Zip Code	9	167-175	The zip code associated with the address.
19.	Policy Number	17	176-192	The identifier for the group coverage plan in which the beneficiary is enrolled.
20.	MSP Effective Date	8	193-200	CCYYMMDD
21.	MSP Termination Date	8	201-208	CCYYMMDD
22.	Patient Relationship Code	2	209-210	01 = Patient is Insured, 02 = Spouse, 03 = Natural Child, Insured has Financial Responsibility, 04 = Natural Child, Insured does not have Financial Responsibility, 05 = Step Child, 06 = Foster Child, 07 = Ward of the Court, 08 = Employee, 09 = Unknown, 10 = Handicapped Dependent, 11 = Organ Donor, 12 = Cadaver Donor, 13 = Grandchild, 14 = Niece/Nephew, 15 = Injured Plaintiff, 16 = Sponsored Dependent, 17 = Minor Dependent of a Minor Dependent, 18 = Parent, 19 = Grandparent dependent, 20 = Life Partner
23.	Subscriber First Name	9	211-219	First name of policyholder
24.	Subscriber Last Name	16	220-235	Last name of policyholder

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Item	Field Name	Size	Position	Description
25.	Employee ID Number	12	236-247	Employee ID number assigned by employer
26.	Source Code	2	248-249	A = Claim Processing, B = IRS/SSA/CMS Data Match, C = First Claim Development, D = IRS/SSA/CMS Data Match II, E = Black Lung (DOL), F = Veterans (VA), G = Other Data Matches, H = Worker's Compensation, I = Notified by Beneficiary, J = Notified by Provider, K = Notified by Insurer, L = Notified by Employer, M = Notified by Attorney, N = Notified by Group Health Plan/Primary Payer, O = Initial Enrollment Questionnaire, P = HMP Rate Cell Adjustment, Q = Voluntary Insurer Reporting, S = Miscellaneous Reporting, T = IRS/SSA/CMS Data Match III, U = IRS/SSA/CMS Data Match IV, V = IRS/SSA/CMS Data Match V, W = IRS/SSA/CMS Data Match VI, X = Self reports, Y = 411.25, Spaces = Unknown, 0 = COB Contractor, 1 = Initial Enrollment questionnaire, 2 = IRS/SSA/CMS/data match, 3 = HMP Rate cell, 4 = Litigation Settlement, 5 = Employer Voluntary Reporting, 6 = Insurer Voluntary Reporting, 7 = First Claim Development, 8 = Trauma Code Development, 9 = Secondary Claims Investigation, 10 = Self Reports, 11 = 411.25, 12 = BC/BS Voluntary Agreements, 13 = Office of Personnel Management (OPM), 14 = Workmen's Compensation (WC) Data match, 25 = Recovery Audit Contractor (California), 26 = Recovery Audit Contractor (Florida)

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Item	Field Name	Size	Position	Description
27.	Employee INFO Data	1	250	P = Patient, S = Spouse, M = Mother, F = Father
28.	Employer Name	32	251-282	The name of the employer providing coverage
29.	Employer Address 1	32	283-314	Employer's street address line 1
30.	Employer Address 2	32	315-346	Employer's street address line 2
31.	Employer City	15	347-361	The name of employer's city
32.	Employer State	2	362-363	Employer's state code
33.	Employer Zip Cd	9	364-372	Employer's zip code
34.	Insurer Group Number	20	373-392	Group number assigned by primary payer
35.	Insurer Group Name	17	393-409	The name of the insurance group
36.	Prepaid Health Plan Date	8	410-417	CCYYMMDD; Date beneficiary was notified that the Medicare is secondary payer for services performed outside the prepaid Health Plan when they could have been performed by a prepaid Health Plan provider
37.	Remarks Code 1	2	418-419	Remarks Code 1
38.	Remarks Code 2	2	420-421	Remarks Code 2
39.	Remarks Code 3	2	422-423	Remarks Code 3
40.	Payer ID	10	424-433	The identifier of the primary payer
41.	Diagnosis Code Ind 1	1	434	0 = ICD 10, 9 = ICD 9
42.	Diagnosis Code 1	7	435-441	Diagnosis Code 1
43.	Diagnosis Code Ind 2	1	442	0 = ICD 10, 9 = ICD 9

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Item	Field Name	Size	Position	Description
44.	Diagnosis Code 2	7	443-449	Diagnosis Code 2
45.	Diagnosis Code Ind 3	1	450	0 = ICD 10, 9 = ICD 9
46.	Diagnosis Code 3	7	451-457	Diagnosis Code 3
47.	Diagnosis Code Ind 4	1	458	0 = ICD 10, 9 = ICD 9
48.	Diagnosis Code 4	7	459-465	Diagnosis Code 4
49.	Diagnosis Code Ind 5	1	466	0 = ICD 10, 9 = ICD 9
50.	Diagnosis Code 5	7	467-473	Diagnosis Code 5
51.	Diagnosis Code Ind 6	1	474	0 = ICD 10, 9 = ICD 9
52.	Diagnosis Code 6	7	475-481	Diagnosis Code 6
53.	Diagnosis Code Ind 7	1	482	0 = ICD 10, 9 = ICD 9
54.	Diagnosis Code 7	7	483-489	Diagnosis Code 7
55.	Diagnosis Code Ind 8	1	490	0 = ICD 10, 9 = ICD 9
56.	Diagnosis Code 8	7	491-497	Diagnosis Code 8
57.	Diagnosis Code Ind 9	1	498	0 = ICD 10, 9 = ICD 9
58.	Diagnosis Code 9	7	499-505	Diagnosis Code 9
59.	Diagnosis Code Ind 10	1	506	0 = ICD 10, 9 = ICD 9
60.	Diagnosis Code 10	7	507-513	Diagnosis Code 10
61.	Diagnosis Code Ind 11	1	514	0 = ICD 10, 9 = ICD 9
62.	Diagnosis Code 11	7	515-521	Diagnosis Code 11

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Item	Field Name	Size	Position	Description
63.	Diagnosis Code Ind 12	1	522	0 = ICD 10, 9 = ICD 9
64.	Diagnosis Code 12	7	523-529	Diagnosis Code 12
65.	Diagnosis Code Ind 13	1	530	0 = ICD 10, 9 = ICD 9
66.	Diagnosis Code 13	7	531-537	Diagnosis Code 13
67.	Diagnosis Code Ind 14	1	538	0 = ICD 10, 9 = ICD 9
68.	Diagnosis Code 14	7	539-545	Diagnosis Code 14
69.	Diagnosis Code Ind 15	1	546	0 = ICD 10, 9 = ICD 9
70.	Diagnosis Code 15	7	547-553	Diagnosis Code 15
71.	Diagnosis Code Ind 16	1	554	0=ICD 10, 9=ICD 9
72.	Diagnosis Code 16	7	555-561	Diagnosis Code 16
73.	Diagnosis Code Ind 17	1	562	0=ICD 10, 9=ICD 9
74.	Diagnosis Code 17	7	563-569	Diagnosis Code 17
75.	Diagnosis Code Ind 18	1	570	0=ICD 10, 9=ICD 9
76.	Diagnosis Code 18	7	571-577	Diagnosis Code 18
77.	Diagnosis Code Ind 19	1	578	0=ICD 10, 9=ICD 9
78.	Diagnosis Code 19	7	579-585	Diagnosis Code 19
79.	Diagnosis Code Ind 20	1	586	0=ICD 10, 9=ICD 9

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Item	Field Name	Size	Position	Description
80.	Diagnosis Code 20	7	587-593	Diagnosis Code 20
81.	Diagnosis Code Ind 21	1	594	0=ICD 10, 9=ICD 9
82.	Diagnosis Code 21	7	595-601	Diagnosis Code 21
83.	Diagnosis Code Ind 22	1	602	0=ICD 10, 9=ICD 9
84.	Diagnosis Code 22	7	603-609	Diagnosis Code 22
85.	Diagnosis Code Ind 23	1	610	0=ICD 10, 9=ICD 9
86.	Diagnosis Code 23	7	611-617	Diagnosis Code 23
87.	Diagnosis Code Ind 24	1	618	0=ICD 10, 9=ICD 9
88.	Diagnosis Code 24	7	619-625	Diagnosis Code 24
89.	Diagnosis Code Ind 25	1	626	0=ICD 10, 9=ICD 9
90.	Diagnosis Code 25	7	627-633	Diagnosis Code 25
91.	Filler	67	634-700	Spaces

Total Length = 700

Monthly MSP Information Data File - Trailer Record

Item	Field Name	Size	Position	Description
1.	Trailer Code	8	1-8	Value 'CMSMSPDT'.
2.	Sending Entity	4	9-12	Value 'MARX'
3.	File Creation Date	8	13-20	CCYYMMDD
4.	TOTAL PRM Count	8	21-28	Total count of primary beneficiary records
5.	TOTAL RECORDS Count	8	29-36	Total count of all records (minus the Header and Trailer)
6.	Filler	664	37-700	spaces

Figure 1: LEP View (M258) Screen

The LEP View screen displays LEP information for direct bill and Social Security Administration/ Railroad Retirement Board (SSA/RRB) withhold beneficiaries in the MARx user interface.

Snapshot | Enrollment | Payments | Adjustments | Premiums | **LEP** | SSA - RRB | PW Paid/Collected | Transactions | Factors | Utilization | MSA | Residence Address | Rx Insurance | Jurisdiction | Status Activity

LEP View (M258) User: V2NL Role: FULL VIEW ROLE Date: 9/25/2015 Close Print Help...

Results found for search

LEP 1-20(of 48) Go to Page: 1 Go ⏪ ⏩ ⏴ ⏵

Contract	PBP	Record Type	Paid Month	Premium Coverage Start Month	Premium Coverage End Month	PPO	NUNCMO	Monthly LEP Amount	Refund/Charge	LEP Adjustment/ Payment Amount	Cleanup ID
H9001	031	PD	10/01/2015	10/01/2015	10/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	09/01/2015	09/01/2015	09/30/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	08/01/2015	08/01/2015	08/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	07/01/2015	07/01/2015	07/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	06/01/2015	06/01/2015	06/30/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	05/01/2015	05/01/2015	05/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	AD	05/01/2015	02/01/2015	02/28/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	RT2786706
H9001	031	PD	04/01/2015	04/01/2015	04/30/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	AD	04/01/2015	03/01/2015	03/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	AD	03/01/2015	02/01/2015	02/28/2015	DIRECT BILL	67	\$0.00	REFUND	(\$22.20)	
H9001	031	PD	02/01/2015	02/01/2015	02/28/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	01/01/2015	01/01/2015	01/31/2015	DIRECT BILL	67	\$22.20	CHARGE	\$22.20	
H9001	031	PD	12/01/2014	12/01/2014	12/31/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	11/01/2014	11/01/2014	11/30/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	10/01/2014	10/01/2014	10/31/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	09/01/2014	09/01/2014	09/30/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	08/01/2014	08/01/2014	08/31/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	07/01/2014	07/01/2014	07/31/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	06/01/2014	06/01/2014	06/30/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	
H9001	031	PD	05/01/2014	05/01/2014	05/31/2014	DIRECT BILL	67	\$21.70	CHARGE	\$21.70	

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Figure 2: Updated LEPR Layout

The LEPR Data File provides LEP period information for direct bill beneficiaries.

Note: The date in the file name defaults to “01” denoting the first day of the current payment month.

System	Type	Frequency	Dataset Naming Convention
MARx	Data File	Monthly	Gentran Mailbox/TIBCO MFT Internet Server: P.Fxxxxx.LEPD.Dyymm01.Thhmmsst P.Rxxxxx.LEPD.Dyymm01.Thhmmsst Connect:Direct (Mainframe): zzzzzzzz.Fxxxxx.LEPD.Dyymm01.Thhmmsst zzzzzzzz.Rxxxxx.LEPD.Dyymm01.Thhmmsst Connect:Direct (Non-Mainframe): [directory]Fxxxxx.LEPD.Dyymm01.Thhmmsst [directory]Rxxxxx.LEPD.Dyymm01.Thhmmsst

LEPR Layout - Header Record

Item	Field	Size	Position	Description
1.	Record Type	3	1-3	H = Header Record
2.	Contract Number	5	4-8	Contract Number
3.	Payment/Payment Adjustment Date	8	9-16	YYYYMMDD
4.	Data file Date	8	17-24	Date this data file was created YYYYMMDD
5.	Filler	141	25-165	Spaces

Total Length = 165

LEPR Layout - Detail Record

Item	Field Name	Size	Position	Description
1.	Record Type	3	1-3	PD = Prospective Detail Record “Prospective” means Premium Period equals Payment Month reflected in Header Record AD = Adjustment Detail Record “Adjustment” means all Premium Periods other than Prospective
2.	Contract Number	5	4-8	Contract Number
3.	PBP Number	3	9-11	PBP Number
4.	Plan Segment Number	3	12-14	Plan Segment Number
5.	HIC Number	12	15-26	Member’s HIC Number
6.	Surname	7	27-33	Surname
7.	First Initial	1	34	First Initial
8.	Sex	1	35	M = Male F = Female
9.	DOB	8	36-43	YYYYMMDD
10.	Filler	1	44	Space
11.	Premium/Adjustment Period Start Date	8	45-52	PD: current processing start date AD: adjustment period start date. YYYYMMDD

Attachment H

Item	Field Name	Size	Position	Description
12.	Premium/Adjustment Period End Date	8	53-60	PD: current processing end date AD: adjustment period end date. YYYYMMDD
13.	Number of Months in Premium/Adjustment Period	2	61-62	Number of Months between the Premium/Adjustment Period Start and End Date
14.	Number of Uncovered Months (NUNCMO)	3	63-65	The number of months during which the beneficiary did not have creditable coverage
15.	LEP Amount for Direct Billed Members	8	66-73	PD: Prospective LEP Amount owed by the Direct Bill Beneficiary for the premium period. AD: Computed adjustment for each month in the (affected) payment period (if the payment was already made). Format: -9999.99 NOTE: A refund will be reported as a negative amount. A charge will be reported as a positive amount
16.	Cleanup ID	10	74-83	If LEP adjustment is the result of a cleanup = XXXXXXXXXXXX All other records will = Blank.
17.	Filler	82	84-165	Spaces

LEPR Layout - Trailer Record

Item	Field	Size	Position	Description
1.	Record Type	3	1-3	Trailer Record PT1 = Prospective total for contract/PBP/segment AT1 = Adjustment total for contract/PBP/segment CT1 = Total for contract/PBP/segment PT2 = Prospective total for contract/PBP AT2 = Adjustment total for contract/PBP CT2 = Total for contract/PBP PT3 = Prospective total for contract AT3 = Adjustment total for contract CT3 = Total for contract
2.	Contract Number	5	4-8	Contract Number

Attachment H

Item	Field	Size	Position	Description
3.	PBP Number	3	9-11	PBP Number
4.	Segment Number	3	12-14	Segment Number
5.	Total LEP Amount	14	15-28	Total LEP Amount Format: -9999999999.99
6.	Record Count	14	29-42	Count of records on the data file for combination of contract/PBP/segments
7.	Filler	123	43-165	Spaces